

Michigan Department of Community Health  
**Board of Veterinary Medicine**  
P.O. Box 30670  
Lansing, Michigan 48909  
(517) 335-0918

## **VETERINARY TECHNICIAN RELICENSURE INSTRUCTIONS**

Authority: P.A. 368 of 1978, as amended  
This form is for information only.

**NOTE:** It is your responsibility to have all required documentation sent to the Board of Veterinary Medicine. Questions regarding your application can be directed to the Michigan Board of Veterinary Medicine at (517) 335-0918 three weeks after the date you sent the application. Please allow 4-6 weeks processing time. Applications submitted without the required licensing fee, the applicant's signature and date will be returned.

### **GENERAL INSTRUCTIONS FOR RELICENSURE**

1. Type or print legibly on all forms and send original application, with the proper fee, to the Board of Veterinary Medicine. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application and fee are no longer valid.
2. Complete the relicensure application and return it with the appropriate fee.
3. You must present evidence that you have legally engaged in practice as a veterinary technician within the 3-year period immediately preceding the date of filing the application for relicensure.
4. Please submit verification of licensure from any state where you hold or have ever held a license to practice as a veterinary technician. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure Form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.
5. If your license expired less than 3 years ago and you are unable to provide the documentation in #3 above, you will be required to pass the Michigan Veterinary Technician Examination in order to be relicensed.
6. If your license expired more than 3 years ago and you are not currently licensed in another state, you will be required to pass the Michigan Veterinary Technician Examination in order to be relicensed.

### **GENERAL INFORMATION**

1. **NAME AND/OR ADDRESS CHANGES:** If your name and/or address changes please notify the Board of Veterinary Medicine. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. **REFUND POLICY:** If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Veterinary Medicine in writing to request a refund.

ORIGINAL LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE GOOD FOR A TWO-YEAR PERIOD.

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OHS/LVT-404 (04/04)

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**APPLICATION FOR RELICENSURE  
VETERINARY TECHNICIAN**

Authority: Public Act 368 of 1978, as amended  
If this form is not completed, a license will not be issued.

**Type or Print Only**

**Board Use Only**

License Number:

Date of Licensure:

**I AM APPLYING FOR THE FOLLOWING:**

- ☐ Relicensure Fee: \$60.00 71-6902-06  
☐ Relicensure and Examination Fee: \$125.00 71-6902-06

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application.  
**DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Michigan Permanent I.D. Number and Expiration Date
Street Address		
City	State	ZIP Code
Daytime Telephone Number	All Previous Names and/or Birth Name Used (if applicable)	
Has your Michigan veterinary technician license been lapsed more than three years? <input type="checkbox"/> No <input type="checkbox"/> Yes		

**Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.**

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever had a federal or state health professional license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name

8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified?

☐ Yes ☐ No

List the state(s) in which you hold or have ever held a license or registration for your profession, the license number, the date issued, and how the license was obtained (either endorsement or examination). **DO NOT LIST TEMPORARY LICENSE. You must have each state board verify licensure or registration directly to this board office. (Attach additional sheets if necessary.)**

State	License Number	Date of Issue	How Obtained (Endorsement or Examination)

If your license expired **WITHIN THE LAST 3 YEARS** you must do **ONE** of the following:

- ☐ 1. Present evidence that you have legally engaged in the practice as a veterinary technician within the three year period immediately preceding the date of filing this application; **OR**
- ☐ 2. Pass the Michigan veterinary technician examination.

If your license expired **MORE THAN 3 YEARS AGO** please check the appropriate box below and follow the instructions given:

- ☐ 1. I do hold a current license in the following state:
- \_\_\_\_\_
- ☐ 2. I do not hold a current license in another U.S. Jurisdiction and, therefore, must take and pass the Michigan veterinary technician examination.

### CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant

Date

## Michigan Department of Community Health

## Bureau of Health Professions

P.O. Box 30670

Lansing, MI 48909

## VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

**PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.**

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Nursing	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Counseling	<input type="checkbox"/> Nursing Home Adm.	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Physician's Assistants
<input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Optometry	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Medicine	<input type="checkbox"/> Osteopathy	<input type="checkbox"/> Psychology
<input type="checkbox"/> Sanitarians	<input type="checkbox"/> Social Work	<input type="checkbox"/> Veterinary
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

**PART II: To be completed by the State Licensing Board.**

Basis for Issuance of License:		Type of License:
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.)	<input type="checkbox"/> Endorsement - Please indicate name of state	
License Status	Original Issue Date	Expiration Date
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive		
Has the applicant incurred any formal or informal actions in your State?		
<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.		
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

**CERTIFICATION**

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature

Date

Type or Print Name

(S E A L)

Title

Full Name of Licensing Board